In re Application of:

SUSUMU SUGIURA ET AL.

Application No.: 08/359,940

Filed: December 20, 1994

Washington, D.C. 20231

For: DATA PROCESSING SYSTEM WITH COMMON

THE ASSISTANT COMMISSIONER FOR PATENTS

CHANNEL FOR IMAGE AND CHARACTER DATA Date: December 3, 1996

Docket No. 35.C2653C2/Re1/C1

Examiner: S. Rogers

Group Axt Unit: 2612

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BOX AF

sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| | | | CLAIMS AS AM | ENDED | | |
|--|--|-------|-------------------------------------|-------------------------|----------------|-------------------|
| - | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 86 | MINUS | ** 86 | 0 | x \$11 \$22 | 0 |
| INDEP. CLAIMS | * 5 | MINUS | *** 12 | = 0 | x \$40 \$80 | 0 |
| Fee for Multiple Dependent claims \$130°/\$260 | | | | | | 0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | 0 | | |

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

| °Verified | Statement | claiming | small | entity | status | is | enclosed, | if | not |
|------------|-----------|----------|-------|--------|--------|----|-----------|----|-----|
| filed prev | viously. | | | | | | | | |

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. write "3" in this space.

| | A check in the amount of \$ is enclosed. |
|---|---|
| | Charge $\$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| х | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the Extension fee for response within months is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| x | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our below listed address. |
| | |

Attorney for Applicants
Reg. No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO 277 Park Avenue New York, New York 10172 Facsimile: (212) 758-2982

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